

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | AT | | 10-28-01 |
| O.I.P.E. CLASSIFIER | | | 11-3-01 |
| FORMALITY REVIEW | DMB | 100916 | 12-1-00 |
| RESPONSE FORMALITY REVIEW | | | |

BEST AVAILABLE COPY

INDEX OF CLAIMS

| | | | |
|---------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — (Through numeral) | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Date |
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| Final | |
| Original | |
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If more than 150 claims or 10 actions
staple additional sheet her

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